



Notice of Blasting In Community

- Complete and send original to Industry Services.
- Send one copy to local fire department.
- Send one copy to local law enforcement office.
- Retain one copy for your files.

Dept of Safety & Professional Services
Industry Services Division
1400 E Washington Ave
P.O. Box 7302
Madison, WI 53707-7302
Phone: (608) 266-1816
Fax: (608) 267-9723

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (l)(m)].

Date Submitted:		Community Name:		County:	
Prime Contractor Name:		Blasting Contractor Name:			
Street Address:		Street Address:			
City, State, Zip:		City, State, Zip:			
Phone (include area code):		Phone (include area code):			
Fire Department Contractor Name:		Name of Blaster in Charge on Job Site:			
City:	Phone:	WI Blaster's License No.:		Class:	
Estimated Blasting Start Date:		Estimated Blasting Finish Date:			
Name and Address of Insurance Carrier Providing Blasting Coverage on this job:					
Type of Project:		Location where Explosive Used:			
Estimated Distance To:	1. Nearest Inhabited Building: Type of Building:			2. Nearest Public Highway:	
Typical Overburden Type:		Estimated Depth of Overburden:			
Type of Matting Used:					
Typical Drilling Pattern:		Typical Hole Diameter:		Estimated Hole Depth:	
Proposed Delay System:	Estimated Max lbs. per Delay:	Estimated lbs. And Type of Explosives on Job Site at Given Time:			

I will comply with Wis. Admin. Code SPS 307, Explosive Materials. (Code available at DPS WebSite)

Blaster's Signature: _____
or Authorized Representative

Date Signed: _____

Failure to Adhere to Administrative Rules May Be Cause for Revocation of Blaster's License